

Child Complaint Model Form



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
SPECIAL EDUCATION – COMPLIANCE

FIRST STEPS CHILD COMPLAINT-MODEL FORM

Directions

As explained in the Missouri First Steps Parental Rights brochure, if any person or organization believes a responsible public agency has violated any state or federal regulation implementing Part C of the Individuals with Disabilities Education Act (IDEA), a signed, written child complaint may be filed with the Missouri Department of Elementary and Secondary Education. The model form below may be used when filing a Child Complaint.

MAIL completed form to: Missouri Department of Elementary and Secondary Education (DESE)
Division of Special Education Compliance
C/O Child Complaint Coordinator
Post Office Box 480
Jefferson City, MO 65102-0480

Or FAX to: (FAX) 573-526-4404

Contact Information

Agency/Provider Name	County		
Child's Name	Age		
Child's Disability: (if known)			

Parent/Guardian Name:	Person filing the complaint (if different than Parent/Guardian)
Address:	Address:
City, State, & Zip:	City, State, & Zip:
Phone: Home	Phone: Home
Work	Work
	Relationship to Child:

The agency/provider indicated above has violated state and federal regulations implementing Part C of the IDEA in the following area(s):

☐ Evaluation
 ☐ IFSP
 ☐ Location of Services
 ☐ Eligibility
☐ Confidentiality/Access to records
 Other (Explain) _____

Summary of Complaint Allegation(s): (Additional pages may be attached)

Signature of Person filing Complaint	Date
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